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A Note on Heart Attack Risk Factors and Recover

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Description

A heart attack occurs when the flow of blood to the heart is blocked. The blockage is most often a build-up of fat, cholesterol and other substances, which form a plaque in the arteries that feed the heart (coronary arteries). Sometimes, a plaque can rupture and form a clot that blocks blood flow. The interrupted blood flow can damage or destroy part of the heart muscle. A heart attack, also called a myocardial infarction, can be fatal but treatment has improved dramatically over the years. It's crucial to call 911 or emergency medical help if you think you might be having a heart attack.

Introduction

Common heart attack signs and symptoms include- Pressure Tightness Pain or a squeezing or aching sensation in your chest or arms that may spread to your neck jaw or back nausea indigestion heartburn or abdominal pain Shortness of breath sweat fatigue light-headedness or sudden dizziness.

Furthermore, knowing that the relatively straightforward and homogeneous radiographic architecture of the exterior root surface may significantly hide the complexity of the root canal system has clinical benefits. Numerous root canal system morphology study techniques have been used, including radiographic analysis, tooth cleaning microscopy and macroscopic sectioning. Cone beam computed tomography (CBCT) and micro-computed tomography are the two newest research techniques (micro-CT). Mandibular canines (MaCa) have root canal systems that have been studied in vivo using CBCT and various dental root canal systems and foramina shapes have been studied using micro-CT [1-5].

Structure

A heart attack occurs when one or more of your coronary arteries become blocked. Over time, a build-up of fatty deposits, including cholesterol, form substances called plaques, which can narrow the arteries (atherosclerosis). This condition, called coronary artery disease, causes most heart attacks. During a heart attack, a plaque can rupture and spill cholesterol and other substances into the bloodstream. A blood clot forms at the site of the rupture. If the clot is large, it can block blood flow through the coronary artery, starving the heart of oxygen and nutrients (ischemia). You might have a complete or partial blockage of the coronary artery. Another cause of a heart attack is a spasm of a coronary artery that shuts down blood flow to part of the heart muscle. Using tobacco and illicit drugs, such as cocaine, can cause a life-threatening spasm. Infection with COVID-19 also may damage your heart in ways that result in a heart attack. Certain factors contribute to the unwanted build-up of fatty deposits (atherosclerosis) that narrows arteries throughout your body. You can improve or eliminate many of these risk factors to reduce your chances of having a first or another heart attack.

Components of risk factors

Heart attack risk factors include, men at the age of 45 or older and women at the age of 55 or older are more likely to have a heart attack than are younger men and women. Tobacco includes smoking and long-term exposure to second hand smoke. Over time, high blood pressure can damage arteries that lead to your heart. High blood pressure that occurs with other conditions, such as obesity, high cholesterol or diabetes, increases your risk even more. A high level of low-density lipoprotein (LDL) cholesterol ("bad" cholesterol) is most likely to narrow arteries. A high level of triglycerides, a type of blood fat related to your diet, also increases your risk of a heart attack. However, a high level of high-density lipoprotein (HDL) cholesterol ("good" cholesterol) may lower your risk. Obesity is linked with high blood cholesterol levels, high triglyceride levels, high blood pressure and diabetes. Losing just 10% of your body weight can lower this risk. Not producing enough of a hormone secreted by your pancreas (insulin) or not responding to insulin properly causes your body's blood sugar levels to rise, increasing your risk of a heart attack. Metabolic syndrome occurs when you have obesity, high blood pressure and high blood sugar. Having metabolic syndrome makes you twice as likely to develop heart disease as if you don't have it. Being inactive contributes to high blood cholesterol levels and obesity. People who exercise regularly have better heart health, including lower blood pressure. You might respond to stress in ways that can increase your risk of a heart attack.

References

1. Dixon, Jesse R, Ming Hu, Inkyung Jung and Zheng Xu, et al. "A compendium of chromatin contact maps reveals spatially active regions in the human genome." *Cell Rep* 17 (2016): 205-207.
2. Hao Wang Dixon, Jesse R, and Yin Shen, et al. "Chromatin architecture reorganization during stem cell differentiation." *Nat* 518 (2015): 331-336.
3. Fraser, James, Carmelo Ferrai, Andrea M. Chiariello, and Markus Schueler, et al. "Hierarchical folding and reorganization of chromosomes are linked to transcriptional changes in cellular differentiation." *Mol Syst Biol* 11 (2015): 852-852.
4. Cusanovich, Sean Thomas, Cristi L. Stoick-Cooper, and Hao Wang, et al. "A temporal chromatin signature in human embryonic stem cells identifies regulators of cardiac development." *Cell* 151 (2012): 221-232.
5. Vijay, Ramani, Cusanovich, Ronald J. Hause, and Wenxiu Ma, et al. "Mapping 3D genome architecture through *in situ* DNase Hi-C." *Nat Protoc* 11 (2016): 2104-2121.

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